

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Dieter FUNK et al.) Group Art Unit:
Application No.:) Examiner:
Filed: September 27, 2005) Confirmation No.:
For: DEVICE FOR PRODUCING A GAS)
CUSHION)

FIRST INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, the accompanying information is being submitted in accordance with 37 C.F.R. §§ 1.97 and 1.98.

To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

Respectfully submitted,

BUCHANAN INGERSOLL PC

Date September 27, 2005

By: Matthew L. Schneider
Matthew L. Schneider
Registration No. 32,814

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

10/551286

Substitute for form 1449A/PTO & 1449B/PTO

**FIRST
INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	021500-143
Filing Date	September 27, 2005
First Named Inventor	Dieter FUNK et al.
Examiner Name	
Attorney Docket Number	021500-143

U.S. PATENT DOCUMENTS

Examiner Initials	Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document	Issue/Publication Date (MM-DD-YYYY)

FOREIGN PATENT DOCUMENTS

Examiner Initials	Document Number	Kind Code (if known)	Country	Date of Publication (MM-DD-YYYY)	STATUS					
					Translation	Partial Translation	Eng. Lang. Summary	Search Report	IPER	Abstract Spec
	*0 578 542		Europe	01-12-1994				X		
	*0 523 016		Europe	01-13-1993				X		
	*2000 247663		Japan	09-12-2000				X		

NON-PATENT LITERATURE DOCUMENTS

Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.

***Copy Attached**

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

Form Letters1